Vertebral axial decompression is a type of traction for the low back. The idea is to stretch the spine. This stretching is intended to create more space between the bones of the spine (the vertebrae) to relieve pressure on damaged discs. The goal is to relieve low back pain caused by damaged discs or other problems with the vertebrae or tissues. This service is investigational. There are not enough high-quality published medical studies to determine whether this treatment is effective.

**Note:** The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

**Policy Coverage Criteria**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Investigational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vertebral axial decompression</td>
<td>Vertebral axial decompression is considered investigational.</td>
</tr>
</tbody>
</table>
Coding

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCPCS</td>
<td>Vertebral axial decompression, per session</td>
</tr>
</tbody>
</table>

**Note:** CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). HCPCS codes, descriptions and materials are copyrighted by Centers for Medicare Services (CMS).

Related Information

N/A

Evidence Review

**Description**

Vertebral axial decompression applies traction to the vertebral column to reduce intradiscal pressure and, in doing so, potentially relieves low back pain associated with herniated lumbar discs or degenerative lumbar disc disease.

**Background**

Vertebral axial decompression (also referred to as mechanized spinal distraction therapy) is used as traction therapy to treat chronic low back pain. Specific devices that are available are described in the **Regulatory Status** section. In general, the patient wears a pelvic harness during treatment and lies prone on a specially equipped table. The table is slowly extended, and a distraction force is applied via the pelvic harness until the desired tension is reached, followed by a gradual decrease of the tension. The cyclic nature of the treatment allows the patient to withstand stronger distraction forces compared with static lumbar traction techniques. An
individual session typically includes 15 cycles of tension, and 10 to 15 daily treatments may be administered.

Summary of Evidence

For individuals with chronic lumbar pain who receive vertebral axial decompression, the evidence includes randomized controlled trials (RCTs). Relevant outcomes are symptoms, functional outcomes, quality of life, and treatment-related morbidity. Evidence for the efficacy of vertebral axial decompression on health outcomes is limited. Because a placebo effect may be expected with any treatment that has pain relief as the principal outcome, RCTs with sham controls and validated outcome measures are required. The only sham-controlled randomized trial published to date did not show a benefit of vertebral axial decompression compared with the control group. The evidence is insufficient to determine the effects of the technology on health outcomes.

Ongoing and Unpublished Clinical Trials

A search of ClinicalTrials.gov in March 2018 did not identify any ongoing or unpublished trials that would likely influence this policy.

Practice Guidelines and Position Statements

No guidelines or statements were identified.

Medicare National Coverage

Medicare issued a national noncoverage policy (160.16) for vertebral axial decompression in 1997.6

Regulatory Status

Several devices used for vertebral axial decompression have been cleared for marketing by the U.S. Food and Drug Administration through the 510(k) process. Devices include the VAX-D®,
Decompression Reduction Stabilization (DRS®) System, Accu-SPINA® System, DRX-3000®, DRX9000®, SpineMED Decompression Table®, Antalgic-Trak®, Lordex® Traction Unit, and Triton® DTS. According to labeled indications from the FDA, vertebral axial decompression may be used as a treatment modality for patients with incapacitating low back pain and for decompression of the intervertebral discs and facet joints.

Food and Drug Administration product code: ITH

References


History

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/11/97</td>
<td>Add to Therapy Section - New Policy</td>
</tr>
<tr>
<td>09/01/98</td>
<td>Replace policy - Policy updated</td>
</tr>
<tr>
<td>11/12/02</td>
<td>Replace policy - Policy reviewed; no change in policy statement</td>
</tr>
<tr>
<td>02/10/04</td>
<td>Replace policy - Policy reviewed; no change in policy statement.</td>
</tr>
<tr>
<td>05/10/05</td>
<td>Replace policy - Policy reviewed; no change in policy statement.</td>
</tr>
<tr>
<td>Date</td>
<td>Comments</td>
</tr>
<tr>
<td>------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>03/14/06</td>
<td>Replace policy - Policy reviewed with literature search; no change in policy statement. VAX-D added to title.</td>
</tr>
<tr>
<td>10/09/07</td>
<td>Replace policy - Policy updated with literature review; no change in policy statement. Reference update and addition.</td>
</tr>
<tr>
<td>10/14/08</td>
<td>Replace policy - Policy updated with literature search; no change to the policy statement. References added.</td>
</tr>
<tr>
<td>12/08/09</td>
<td>Replace policy - Policy updated with literature search; no change to the policy statement.</td>
</tr>
<tr>
<td>12/14/10</td>
<td>Replace policy - Policy updated with literature search; reference 9 added; policy statement unchanged.</td>
</tr>
<tr>
<td>11/10/11</td>
<td>Replace policy – Policy updated with literature search through August 2011; policy statement unchanged.</td>
</tr>
<tr>
<td>12/19/12</td>
<td>Replace policy. Policy updated with literature search through August 2012; references reordered; policy statement unchanged.</td>
</tr>
<tr>
<td>12/09/13</td>
<td>Replace policy. Policy reviewed. Policy Guidelines reformatted for readability. A literature search through August 22, 2013 did not prompt a revision of the references. Policy statement unchanged. CPT code 97012 removed; it is not specific to this policy.</td>
</tr>
<tr>
<td>01/21/14</td>
<td>Update Related Policies. Add 7.01.551.</td>
</tr>
<tr>
<td>12/17/14</td>
<td>Annual Review. Policy updated with literature review through September 15, 2014; policy statement unchanged. ICD-10 diagnosis and procedure codes removed; these do not relate to policy adjudication.</td>
</tr>
<tr>
<td>12/08/15</td>
<td>Annual Review. No change to policy statement. No references added.</td>
</tr>
<tr>
<td>06/01/16</td>
<td>Annual Review, approved May 10, 2016. Policy reviewed. A literature search through April 28, 2016 did not prompt a revision of the references. No change to the policy statement.</td>
</tr>
</tbody>
</table>

**Disclaimer:** This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a member service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2018 Premera All Rights Reserved.
**Scope:** Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy does not apply to Medicare Advantage.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:
• Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)

• Provides free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592, TTY 800-842-5357
Email AppealsDepartmentinquines@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW, Room S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Arabic (Amharic):

لا يجوز أن تتخلى عن حقوقها، بما في ذلك الحماية، المضافة إلى مساعدة client가 외국어로 프레머라 블루크로스에 대한 본문 및 정보를 받을 수 있습니다.

Chinese (Chinese):

이유는 본문에 있습니다. 본문에 있는 정보는 제공하는 Premera Blue Cross의 제공하는 정보에 대한 본문 및 정보를 받을 수 있습니다.

Français (French):


Italiano (Italian):

Premera Blue Cross ข้อความนี้ มีสาระสำคัญ ติดต่อกับ Premera Blue Cross ที่คุณต้องการให้คุณรู้สึก คุณสามารถติดต่อเราได้ที่ 800-722-1471 (TTY: 800-842-5357)